



**MARYLAND DEPARTMENT OF NATURAL RESOURCES
FISHERIES SERVICE**

**APPLICATION FOR SHELLFISH AQUACULTURE HARVESTER
PERMIT AND REGISTRATION CARDS**

ALL LEASEHOLDERS MUST POSSESS A SHELLFISH AQUACULTURE HARVESTER PERMIT (SAHP) PRIOR TO ENGAGING IN ANY AQUACULTURE ACTIVITIES ON THEIR LEASE. IN ADDITION, ANY INDIVIDUAL OTHER THAN THE PERMIT HOLDER MUST BE REGISTERED WITH THE DEPARTMENT AND HAVE A SHELLFISH AQUACULTURE HARVESTER REGISTRATION CARD (SAHRC), BEARING THEIR NAME AND THE LEASE NUMBER, ON THEIR PERSON AT ALL TIMES WHILE ENGAGED IN AQUACULTURE ACTIVITIES ON THE LEASED AREA.

INSTRUCTIONS: COMPLETE ALL INFORMATION BY PRINTING OR TYPING. ONE APPLICATION IS REQUIRED FOR EACH LEASE HELD. RETURN COMPLETED APPLICATION TO DNR FISHERIES SERVICE, ATTN: AQUACULTURE PERMIT COORDINATOR, 580 TAYLOR AVENUE C-2, ANNAPOLIS MD 21401. ALL CARDS WILL BE MAILED BACK TO THE PRIMARY LEASEHOLDER FOR DISTRIBUTION. THEY WILL BE VALID FOR THE CURRENT CALENDAR YEAR UNLESS REVOKED OR SURRENDERED PRIOR TO DECEMBER 31ST.

PART I: PERMITEE(S)

If more than one co-leaseholder is named on the lease agreement, please attach required information for each person on a separate page. When the primary leaseholder is a business entity, at least one person with legally enforceable authority to bind the company or corporation must be named as a Permittee. Individuals also so named in the business operating agreement or by-laws may be listed as Permittees, if such documentation is on file with the Department.

PRIMARY LEASEHOLDER NAME	PRIMARY LEASEHOLDER STREET ADDRESS
PRIMARY LEASEHOLDER HOME PHONE NUMBER	PRIMARY LEASEHOLDER ALTERNATE PHONE NUMBER
PRIMARY LEASEHOLDER DATE OF BIRTH	PRIMARY LEASEHOLDER TIDAL FISH LICENSE # (IF APPLICABLE)
CO-LEASEHOLDER NAME	CO-LEASEHOLDER STREET ADDRESS
CO-LEASEHOLDER HOME PHONE NUMBER	CO-LEASEHOLDER ALTERNATE PHONE NUMBER
CO-LEASEHOLDER DATE OF BIRTH	CO-LEASEHOLDER TIDAL FISH LICENSE # (IF APPLICABLE)

PART II: LEASE

LEASE NUMBER AND/OR TIDAL WETLANDS LICENSE NUMBER:

PART III: INSURANCE

IF EMPLOYING ONE OR MORE PERSONS, A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN'S COMPENSATION LAWS PURSUANT TO §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND IS REQUIRED. AN EMPLOYER-APPLICANT MAY PROVIDE, AS EVIDENCE OF INSURANCE, A WORKMEN'S COMPENSATION INSURANCE POLICY NUMBER OR BINDER NUMBER, IN LIEU OF SUBMITTING A CERTIFICATE OF COMPLIANCE.

CERTIFICATE OF COMPLIANCE ATTACHED:

WORKMEN'S COMPENSATION INSURANCE POLICY/BINDER #:

_____ YES _____ NO _____ N/A

****PLEASE TURN OVER TO COMPLETE AND SIGN SIDE TWO OF THIS FORM****

FOR OFFICE USE ONLY

Date Received _____

Date of Site Visit (If applicable) _____

Date Permitted _____

Initials _____

REV. 08/08/2013

PART IV: REGISTRANTS

ANY INDIVIDUALS OTHER THAN A PERMITTEE WHO WILL WORK ON THE LEASE MUST BE LISTED BELOW. ANY INDIVIDUALS ENGAGING IN AQUACULTURE ACTIVITIES ON YOUR LEASE THAT ARE NOT LISTED BELOW MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES. CHANGES TO YOUR REGISTRANT LIST CAN BE MADE IN WRITING ON A SAHP MODIFICATION FORM AVAILABLE FROM THE DEPARTMENT. ATTACH ADDITIONAL PAGES IF NEEDED. A BIRTH DATE MUST BE PROVIDED FOR PROCESSING.

REGISTRANT 1

Name	Street Address (No PO Box)	City, State, Zip Code	Telephone Number
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TFL License number (if applicable)	Date of Birth	Email address
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REGISTRANT 2

Name	Street Address (No PO Box)	City, State, Zip Code	Telephone Number
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TFL License number (if applicable)	Date of Birth	Email address
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REGISTRANT 3

Name	Street Address (No PO Box)	City, State, Zip Code	Telephone Number
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TFL License number (if applicable)	Date of Birth	Email address
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REGISTRANT 4

Name	Street Address (No PO Box)	City, State, Zip Code	Telephone Number
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TFL License number (if applicable)	Date of Birth	Email address
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PART V: ACKNOWLEDGEMENTS

I UNDERSTAND THAT I MUST:

OBTAIN ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS.

SUBMIT MONTHLY REPORTS OF HARVEST ACTIVITIES UNDER THE PERMIT ON FORMS PROVIDED BY THE DEPARTMENT ACCORDING TO THE DEADLINES SPECIFIED THEREIN. ALL RECORDS SHALL BE MAINTAINED FOR THREE (3) YEARS, AND BE MADE AVAILABLE TO THE DEPARTMENT FOR INSPECTION UPON REQUEST.

ALLOW THE DESIGNATED REPRESENTATIVE, ANY EMPLOYEE OF THE DEPARTMENT OF NATURAL RESOURCES INDICATED BY THE DESIGNATED REPRESENTATIVE, OR ANY OFFICER OF THE NATURAL RESOURCES POLICE, TO INSPECT THE FACILITY OR LEASE(S) UTILIZED FOR AQUACULTURE AND ANY OF THE PERMITTEE'S EQUIPMENT, RECORDS OR PRODUCT RELATING TO THESE ACTIVITIES DURING NORMAL BUSINESS HOURS.

HANDLE SHELLFISH IN ACCORDANCE WITH THE NATIONAL SHELLFISH SANITATION PROGRAM MODEL ORDINANCE AS REQUIRED UNDER COMAR 10.15.07.01A, AND MARYLAND'S *VIBRIO PARAHAEMOLYTICUS* CONTROL PLAN.

I HEREBY APPLY FOR THE ABOVE PERMIT AND REGISTRATION CARDS AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNATURE OF LEASEHOLDER

DATE

SIGNATURE OF CO-LEASEHOLDER

DATE

ALL CO-LEASEHOLDERS MUST SIGN THIS FORM BEFORE IT WILL BE PROCESSED

QUESTIONS? CONTACT THE AQUACULTURE DIVISION AT SRICHARDS@DNR.STATE.MD.US OR 410-260-8648